Case Elimination Worksheet

State:
County:
County FIPS Code:

		[Site Name*] In-Home Services Cases		
No.	**Case ID**	**Case Name**	**Reason for Elimination**	**CB Comments**
1				
2				
3				
4				
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23				
24				
25				

* Use one worksheet for each site

[Site Name*] Foster Care Cases

No.	Case ID	Case Name	Reason for Elimination	CB Comments
1				
2				
3				
4				
5				
6				
7				
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25				

* Use one worksheet for each site